

RFI Response - Redacted

State of Florida Agency for Health
Care Administration – RFI 014-22/23

May 30, 2023



Executive Summary

To achieve the objectives of a high-quality Medicaid program, it is crucial to select an oral health partner rather than just a claims administrator. Avēsis offers 45 years of expertise and the experience necessary to surpass your expectations in managing an oral health solution in Florida. We have a proven track record of delivering value-driven Medicaid programs across the nation, currently serving over six million Medicaid members in 10 states while also partnering with multiple Managed Care Organizations (MCOs).

Challenges unique to the dynamics of Florida's Medicaid population are well understood by Avēsis, and our comprehensive programs are designed specifically to cater to underserved populations, including individuals with developmental disabilities, veterans, and rural families. Our approach focuses on providing care to members by ensuring they are screened, treated, and supported with continuous preventive care, as opposed to reactive episodic restorative treatments.

To establish a successful oral health program, it is essential to engage the entire health ecosystem, encompassing family, social, and environmental factors. Avēsis employs an evidence-based approach and utilizes the collective impact methodology as the foundation of our health improvement programs. This approach emphasizes five key conditions:

- Establishing a common agenda
- Measuring shared success
- Engaging in mutually reinforcing activities
- Maintaining continuous communication
- Fostering community support infrastructure

By following this methodology, we can assess and monitor oral health status and disparities, prevent oral diseases, enhance access to dental services, promote best practices, and recommend evidence-based policies.

Through proactive outreach to communities and collaboration with health stakeholders, we aim to make a meaningful impact in improving oral health outcomes. To achieve the oral health objectives in Florida, Avēsis proposes a range of programs, tools, and initiatives that include the following:

Proposed Actions	Desired Outcomes	Medical/ Dental Integration	Education & Outreach	Access to Rural & Underserved
Launch the First Domino Initiative to improve engagement and prevention opportunities for individuals with disabilities through focused strategies to establish and sustain activation	Integrate new capabilities provided by the adoption of enabling chairside and at-home technology to lower the burden of oral disease.	✓	✓	✓
Deploy tools such as virtual dental screenings, school-based care, and community outreach events to perform oral health assessments and to assist in identifying dental needs and indicators for when to refer a patient	<ul style="list-style-type: none"> • Early detection of oral health conditions and diseases complicated through chronic disease • Improvement in dental home status 	✓	✓	✓
Coordinate transportation and additional coordination of benefits	Reduce barriers to care that result in no-show appointments	✓		✓
Deployment of Avēsis' Community Navigators (collaborating with Community Health Workers and other health coordinators in the field)	<ul style="list-style-type: none"> • Deploying trained dental health workers • Sealant and Fluoride Varnish education, training and outreach • Highest risk populations are assigned to a case manager 	✓	✓	✓
Avēsis Mobile Provider Network to target where care is needed the most	<ul style="list-style-type: none"> • Deploy a fully mobile dental workforce to underserved areas; integrating care with FQHCs and local clinicians to maximize the care delivered • Transform the community to the dental home with consistent and repeatable care delivery • Utilize telehealth capabilities to connect patients to providers and prevention on their time 		✓	✓
Pulse4Pulse MDI Pilot Program to discover systemic illness that is having a negative impact on the ability to care for oral diseases	Pilot a screening platform utilizing a new state of the art medical diagnostic device with mobile medical care teams to evaluate for diabetes, heart disease, and other systemic diseases and disorders that impact oral health and inflammation. The focus of the pilot is on health professional shortage areas or rural counties.	✓		✓

Table 1: Proposed Programs to Achieve Oral Health Objectives

Evolving Oral Health in Florida

Evolving oral health in Florida is of paramount importance, as it directly impacts the overall well-being of its residents and contributes to a healthier population. The State has unique needs and stands to greatly benefit from enhanced and modern oral health initiatives. By continuing to transform to a whole-body oriented oral health program, Florida can reduce the prevalence of oral diseases, enhance overall quality of life, and decrease healthcare costs associated with preventable oral health conditions. Improved oral health positively influences systemic health, reducing the burden of chronic diseases such as cardiovascular disease, diabetes, and respiratory conditions.

By investing in comprehensive oral health programs, Florida Medicaid can proactively address the specific oral health needs of its diverse population, including underserved communities, children, and individuals with disabilities. Our proposed Medicaid oral health program will not only result in better health outcomes but also contribute to overall population health, ultimately fostering a healthier and more prosperous future for all Floridians.

Building a New Oral Health Ecosystem for Individuals with Intellectual and Developmental Disabilities

Persons with disabilities often face barriers to accessing care in multiple service areas, leading to episodic and emergency treatments rather than preventive services. Recognizing the critical need for improved and inclusive oral healthcare, we have designed innovative programs that go beyond the standard access to sedation and anesthesia services. Our approach encompasses patient enablement technology, prevention outreach strategies, and incentivized payment models for care teams and caregivers. Through the utilization of multi-disciplinary services, change management initiatives, and cutting-edge technologies, we aim to revolutionize oral health outcomes for this population.

Our extensive experience in developing comprehensive care networks allows us to focus on preventive strategies and patient enablement, minimizing the reliance on sedation and anesthesia services. Through our innovative programs and initiatives, we aim to empower patients to actively participate in their oral healthcare and promote better oral health outcomes. By leveraging technology, interdisciplinary collaboration, and targeted interventions, we strive to decrease the necessity for sedation and anesthesia while ensuring patients receive the care they need. This requires the utilization of multi-disciplinary services, change management initiatives, and new technologies, which we detail below.

Anesthesiology for Dental Services

Avēsis partnered with SmileMD beginning in 2020 to offer in-office general anesthesia services for dental procedures to managed care organizations (MCOs) across the Commonwealth of Kentucky. SmileMD is a medical anesthesiology group with the capability to provide full anesthesia services in dental offices, so complex dental procedures do not have to be performed in a hospital or ambulatory surgery center. We have included a case study that outlines the success of this program in the Commonwealth of Kentucky included as **SmileMD Case Study**.

Avēsis also has an extensive history in all our markets of partnering with mobile dentist and medical anesthesiologist groups, ambulatory surgical centers, and hospital systems to ensure our members have access to care.

Enabling Communication

Mobile health (mHealth) apps that use novel visual mapping assistive technology allow users to develop personalized maps that aid people living with cognitive impairment, non-verbal/limited verbal status, or individuals with speech deficiencies in the planning of events that can produce anxiety or fear. Avēsis will partner with stakeholders to introduce MapHabit within the state. MapHabit is a novel mobile health assistive technology app that allows users and/or caregivers to develop personalized maps that will aid communication. The MapHabit user can use this software to complete their expected patient dental visit journey and map with their provider what will occur during the visits prior to arriving at the office. This technology is associated with improved care experience and efficiencies with a patient encounter.

Avēsis Coordinated Care Model

Avēsis understands the complex case management that is needed for this population. As part of our member experience, we offer a person-centered, interdisciplinary approach that centralizes and empowers our member outreach team, which includes community health workers or community dental health coordinators, to navigate and coach the individual and caregiver to care and prevention. A member will be escalated to our navigators after activation by the provider, family/caregiver, Customer Service Representative, or other designee. By utilizing certified dental navigators, our provider network can more effectively work with other healthcare providers and caregivers to ensure that any medical and dental conditions that may affect oral health are properly screened and managed.

We offer a continuum of dental case management service enhancements designed to increase utilization. Interventions range from providing dental case managers to collaborate with providers and medical managed care partners to ensure services are delivered to patients with complex medical and socio-economic needs, to building the capacities of safety net and other high-volume practices develop dental case management capabilities. We do this through:

- Identifying safety net providers that want to add dental case management services to their practice(s)
- Collaborating with MSDA to train participating clinics and providers in the practice of dental case management
- Reimbursing participating clinics for dental case management using the new ADA codes

We also work with our partners to include monitoring of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) utilization for children with special health care needs and consider this measurement as a core focus of the Quality Team, to ensure that the most optimal care for longitudinal stability and promotion of oral and physical health. Members with special health care needs will be evaluated for case management services, which includes both non-clinical assistance and clinical intervention. Avēsis Clinical Care Management includes licensed nursing assessment to ensure timely and appropriate interaction with primary care and primary health plan resources, to ensure comprehensive support for vulnerable members. This approach provides an additional layer of support that encourages appropriate utilization of services.

Member engagement opportunities for preventive services are identified through review of utilization trends at Quality Management Committee; a particular focus is members utilizing restorative services, to engage in follow up reminders with encouragement of maintenance of routine preventative care to prevent further unnecessary treatment. Identification of social determinant barriers is an important element. For this reason, member

engagement and motivational interviewing techniques, coupled with provider education and best practice process is an optimal way to approach resolution.

First Domino Initiative

Avēsis is launching the First Domino Initiative in Florida to improve utilization and engagement with individuals with disabilities. These populations tend to need access to care in multiple service areas and can be difficult to maintain active engagement. This often leads to episodic and emergency care and a decrease in the utilization of prevention services. Patient engagement and enabling technology is readily available and can help to address these barriers while providing opportunities for the full interdisciplinary care team to participate. The goal of the initiative is to create frameworks and capture the know-how that will allow for replication and spread of best practices and lessons learned. This information can be leveraged to transform and disrupt a discriminatory and under-prepared oral health system by bringing together partners and care delivery teams with payers to established financial viability and sustainability. The group will be able to utilize expert advisors and data analysts to integrate care delivery change more easily into daily operations. Through this initiative, partners in Florida will work through a collaborative structure to implement three patient engagement technologies:

- Connected toothbrushes have a documented history of improving dental hygiene and reducing plaque/tarter build-up
- Oral microbiome salivary screening with coaching to improve oral hygiene habits, and
- MapHabit app for effective communication

This program is launching in West Virginia and Pennsylvania to incorporate patient enablement as a value-based care payment structure for our provider networks.

Physical Accessibilities

As part of our standard practice, we screen potential providers in accordance with the Americans with Disabilities Act. This disclosure helps us to determine if they can accommodate not only physical accessibilities, but also facility compliance, those who are intellectually or cognitively disabled, blind/visually or deaf/hearing impaired, if the office has TTY, or if it is on a public transportation route.

Prevention Oriented Value-Based and Alternative Payment Models

Avēsis' value-based care platform is revolutionizing oral health by going beyond the standard pay-for-performance structures currently in use. Unlike traditional cost reduction strategies that limit access to services, Avēsis prioritizes long-term cost avoidance by improving the delivery of care models that promote member health. The approach centers on providing the greatest member and provider experience while reducing costs and instituting value-based care and volume-based strategies.

Avēsis' value-based care model is built on a framework that ensures comprehensive and effective oral health care that prioritizes prevention. First, we offer an alternative payment design that includes telehealth services focused on prevention. We leverage accessible and evidence-based virtual care approaches and systems to increase disease prevention and overall well-being. This is followed by a secondary prevention design, which focuses on early disease stage intervention through collaborative decision-making, the utilization of caries arresting and remineralization

agents, as well as anticipatory guidance with our members and families. Finally, Integrated and Personalized Care domain aims to prolong the lifespan of oral tissues by implementing risk stratification, medical-dental integration, and individualized surgical intervention.

To effectively implement this model of care, Avēsis has set short-term objectives that encompass financial strategies, interprofessional care team designs, education and training, pilot programs, and comprehensive technical assistance documentation. These objectives ensure flexibility, support care coordination efforts, and provide the necessary resources for successful implementation. Avēsis also aims to propose guidance, infrastructure, and technology to promote holistic, value-based systems of care that involve collaboration among dental, oral health, and other healthcare providers.

In terms of the financial model, Avēsis offers a multi-step platform that aligns with providers' existing practice design frameworks. By implementing bundling, pay for quality, and care coordination incentives, Avēsis shares the risk with providers, focuses on cost avoidance by reducing the need for long-term episodic restorations, and enhances member retention at provider offices. This innovative approach not only benefits the providers but also ensures that members receive high-quality care while reducing overall costs in the long run.

Incentivizing Patient Engagement and Empowerment

The First Domino Initiative drives solutions for value-based care and generates an estimated 4%-8% cost reduction by improving earlier intervention and detection of oral diseases. By focusing on individuals with disabilities, who often face barriers to care and limited engagement, this initiative aims to transform the oral health system and promote sustainability. Through patient engagement and the utilization of enabling technologies, such as connected toothbrushes, oral microbiome salivary screening with coaching, and the MapHabit app, we can empower patients and facilitate proactive oral hygiene habits. By implementing these patient engagement technologies, we can improve dental hygiene, reduce plaque and tartar build-up, and enhance communication between patients and their care teams. The collaborative structure established in Florida, along with expert advisors and data analysts, will ensure the successful integration of care delivery changes into daily operations. The insights and best practices gained from this initiative can be replicated and spread, leading to a more inclusive and effective oral health system while driving cost savings through early intervention and detection of oral diseases.

Value-Based Prevention - Incentive Program

In 2019, we partnered with an MCO and a large DSO group in the Southeastern U.S. and implemented a bonus program to incentivize them to remain within the network, while striving for member retention and quality metrics. The incentive was focused on the practice having a lower average cost per member than their competitors, while retaining certain service metrics. Knowing that low average cost was the biggest variable a practice could bring to the table, we wanted to answer the question around why their average cost was so low and how that could correlate to quality. Our in-depth quantitative analysis highlighted that cost correlates to services and they were doing less of them on average than their competitors, attributing to a lower average cost. We dove further into their services and noticed a pattern between low average cost providers and high average cost providers, in relation to services by procedure type.

Looking at the overall claims experience with the practice, our analysis indicated that restorative procedure types were the biggest indicator of quality and the biggest driver of cost. We also noticed a pattern of restorative naturally

staying down if the practice kept their Preventive and Diagnostic services within a certain threshold. Our recommendation falls in line with the cost saving work we have done within our standards of care initiatives. To provide a more granular answer on quality, we looked at the practices' retained members and noticed a pattern there as well. We recognized patterns and created proprietary metrics to measure the health of the member over time.

[REDACTED]

[REDACTED] We found that non-retained members typically cost more when leaving a quality provider and over an extended period the average cost per member increases. [REDACTED]

[REDACTED]

[REDACTED]

Rural and Frontier Communities Value-based Care Program

We are pleased to support any Value Added Services (VAS) on behalf of our clients to help promote oral health initiatives, healthy lifestyles, health literacy, service access, etc., in rural areas of the State. We consistently use data to track VAS and improve quality of the benefits we manage for enrollees. We specifically use data to:

- Ensure efficient and appropriate utilization of services
- Measure the success of quality interventions and other special programs
- Identify opportunities for improvement through internal monitoring and external audit outcomes applicable to quality facing functions, member and provider feedback, and the evaluation of member grievances and appeals
- Evaluate enrollee and provider satisfaction

As an example of administering a VAS, we have instituted a quality-based incentive program for providers with the execution of value-add services. The program was intended to align provider incentives within both medicine and dentistry with a state's federal quality mandate by offering payment incentives for:

- Preventive Services for children ages 1-20 who received one of the following preventive dental services:
 - Prophylaxis exams (D1110/D1120)
 - Appropriate application of fluoride varnish (D1206)
 - Appropriate use of space maintainers (D1510, D1515, D1520, D1525)
- Sealant application for children ages 6-14 who receive a sealant (D1351) on a permanent molar tooth

Assessments of provider performance were performed on a quarterly basis using claims and encounter data. If a dental practice achieved designated performance thresholds, it was awarded a bonus payment for each service provided to its Medicaid patients above the threshold level. Avēsis administers provider bonus and/or incentive programs to promote member access in a number of states. Additionally, we bring forward constant innovation through our initiatives, programs and projects that aim at improving the oral health and access to care of our members.

Premier Access Cost Savings Initiatives

Avēsis has demonstrated the success of cost reduction initiatives with the Premier Access program. We go beyond processing claims in our service to our Medicaid members. We have become a trusted thought and action partner to

local organizations through multiple community initiatives. We are innovating care through our care transformation programs. Care transformation programs enable care access in communities at convenient times. For example:

- **Provide Frontier County (rural) Dental Screenings** – We partner with Big Smiles, a community-based organization that offers in-school dental care at no cost, to perform dental screenings in rural Frontier counties. Dental screenings were provided to approximately 1,200 members in 2021 in high impact elementary schools within Frontier counties.
- **Modern Pain Management** – We partner with the Department of Health and Human Services, which provides opioid prescription detail that enables Premier to educate dental providers who prescribe beyond the three-day threshold for Premier Access members. We will provide DHHS with reports that, over time, will show a decrease in overprescribing by dental providers. We utilize our pain management platform to partner with the state Dental School and multiple health systems to provide online Opioid Office Training and Education CE at no cost to contracted providers.
- **Completed a Silver Diamine Fluoride (SDF) program** – Working with our community partner, we hosted an online Silver Diamine CE course that was endorsed by the Dental Association who provided CERP approved CE credit for providers. In the pilot program, we reimbursed providers for SDF treatments and provided data to DHHS which validated the benefits of SDF and lead to SDF treatment being added as a Medicaid benefit.
- **Navajo Health System Utilization and Collaboration** – We are working closely the Navajo Health System (NHS) leadership to validate the utilization data for Premier Access members receiving care. We coordinate school-based dental services with local dentists and our strategic partner, Big Smiles.
- **Social Determinants of Health** – We are strategically investing to modernize our operating platform and best serve the Medicaid populations. One of the areas where we have been particularly strong in other geographies during this transition is eligibility and enrollment, where we have implemented robust monitoring mechanisms. We aim to accelerate and enable social determinants of health initiatives, improving access to care for members with disabilities with tools that enable care coordination, tracking, and monitoring.
- **Video Interpretation Services and Refugee Assistance Services** – We are implementing a video interpretation vendor to allow face to face real time interpretation services in the dental office for all languages, including ASL. Network providers will be educated on the video interpretation process as well as Refugee member needs and challenges to receiving dental care. We are working with our Refugee assistance partners - the IRC (International Rescue Committee) and CCS (Catholic Community Services) to help identify our refugee members who may benefit from increased outreach, oral health education, and assistance accessing dental care.

Additional Cost Savings Programs

Saving money, improving provider satisfaction, and improving health by reducing the use of hospitals: We have helped other health plan clients mitigate these concerns with our Office IV Anesthesia program, which gives network dentists the option to move dental procedures requiring IV or general anesthesia out of the hospital or ASC and back into their local dental office. We do this by initiating a contractual relationship with a mobile dental anesthesia program that comes to the dental office for those procedures requiring their support. [REDACTED]

[REDACTED]

Saving money and improving health by reducing access to opioids: Research published in JAMA Internal Medicine showed that, in 2018, nearly seven percent of opioid naive young adults who received an opioid following oral surgery went on to receive at least one additional opioid prescription within a year of their surgery. Within two years, 5.8 percent of these young adults were diagnosed with a form of opioid addiction. A 2018 BMC Medicine article reported that individuals with opioid use disorder (OUD) covered by Medicaid typically use \$5,870 to \$15,183 additional healthcare dollars annually than those without OUD.

Avēsis' Modern Pain Management Program (MP2) program can help reduce inappropriate access to opioids in the dental office. This is not an enrollee-facing program, but rather an initiative designed to reduce inappropriate opioid access by coordinating provider monitoring initiatives with you and your pharmacy benefits manager. [REDACTED]

[REDACTED]

Workforce and Provider Network Development

Our philosophy for forming a strong network is focused not only on expanding enrollee access beyond minimum access standards but also on identifying and recruiting quality providers that fulfill a service gap that represents more than just an additional access point.

Life-Long Learning

We recognize that the University of Florida College of Dentistry (UFCD) has been at the forefront of delivering exceptional oral healthcare in Florida. With their Statewide Network for Community Oral Health, UFCD's providers treat patients from all 67 counties in the state, showcasing their commitment to serving underserved communities. In particular, UFCD has made significant advancements in dental care, thanks to the support of partners such as the Special Day Foundation, Naples Children and Education Foundation, and more. These advancements have led to transformative outcomes in the lives and health of individuals with disabilities, who often face barriers in accessing oral healthcare. We would look to support and enhance programs like these.

As a benefits organization, Avēsis recognizes the importance of addressing the oral health needs of individuals with special needs and intellectual disabilities. To achieve this, Avēsis plans to utilize an immersive experience and virtual training through an academic-based collaborative. This program will involve Florida teaching clinical faculty from dental training schools visiting programs in other states that specialize in treating the intellectual and developmentally disabled populations. This exchange of knowledge and expertise will help improve the quality of care provided to this vulnerable population.

We will provide the opportunity and scholarship/funding to partner with respected academic institutions, UFCD, NOVA, and LECOM, to provide a specialized certificate training program aimed at improving access to oral health care for individuals with intellectual and developmental disabilities (I/DD). This program addresses the national challenge of providing dental care to this underserved population. The goal is to alleviate barriers to care by enhancing faculty

and training competency and comfortability, ultimately improving oral health outcomes for this vulnerable population.

By fostering knowledge exchange and equipping oral health practitioners with specialized training, Avēsis and its partners are dedicated to making a positive impact on the oral health and overall well-being of individuals with special needs.

Avēsis has a unique partnership with the American Institute of Dental Public Health (AIDPH) that will extend the AIDPH Leadership Academy platform to develop customized virtual live and on demand education for Avēsis providers, care teams, and community partners. The range of topics includes trauma informed care, rural oral health, care, advancing care for individuals with disabilities, oral health literacy, and patient engagement strategies. Alongside free American Dental Association approved CEU hours, Avēsis providers can earn ALA Certificates at no cost. As an independent sector stakeholder with an established track record in the ADA continuing education recognition program, AIDPH is uniquely positioned to support continued education for Avēsis clinical providers, care teams, and community partners.

Thought Leadership

Collaborating with oral health stakeholders in the research and development of the oral health workforce is vital. We recently worked with the Pennsylvania Coalition for Oral Health and other Pennsylvania oral health organizations and stakeholders to complete a two-part assessment of the state's oral health workforce. The results and recommendations were adopted by the PA Department of Health and resulted in government funding to increase dental hygiene and dental assistant training and recruitment. A similar analysis was also completed for Ohio and the findings were provided as a part of the Ohio Association of Community Health Centers Annual Conference.

Targeted Rural Approach

At Avēsis, we leverage geocoding technology to optimize access to dental care within our provider network. By geocoding dentist locations and mapping them against the population distribution, the MCO can identify areas with limited access to dental services and strategically plan network expansion or recruitment efforts while also activating mobile and portable teams to help assist with access gap closure. Geocoding enables a more informed and structured approach to address geographic gaps and disparities in dental care access, ensuring that underserved communities have convenient access to quality dental providers.

In addition to geocoding, the implementation of mobile and telehealth care can effectively offset provider network deficiencies, particularly in areas where access to in-person dental services is limited. Mobile dental clinics can be deployed to underserved areas, reaching populations that may face transportation challenges or reside in remote locations. Telehealth solutions can further extend access by enabling virtual consultations, screenings, and preventive care, reducing the need for physical visits and expanding the reach of dental services to a wider population.

To fully leverage these opportunities to fullest and make impact by converting spokes to hubs, collaboration with county commissioners and city planners is crucial. By working closely with local government officials, we can gain and provide valuable insights into economic development plans, growth projections, and population dynamics. This collaboration facilitates a better understanding of future healthcare demands and allows for proactive network development aligned with economic development and job creation initiatives. By actively engaging with county

commissioners and city planners, we can strategically align their provider network expansion efforts with the projected growth areas, ensuring that dental services are readily available to support the evolving healthcare needs of the community while contributing to economic development goals.

Monitoring Network Adequacy Standards

Network management doesn't stop once we've reached your access thresholds. The most sustainable method for helping your enrollees easily access the care they need is to expand the network beyond minimum adequacy standards.

Our Provider Services team is committed to ensuring the ongoing growth of our network so that it exceeds these standards. Following go-live, they actively monitor the network to help ensure compliance with adequacy standards for minimum distance, appointment availability, specialists, language or accessibility needs, and access to services outside traditional office hours. Their monitoring activities may also include:

- Analyzing current and projected enrollment, historic and projected utilization of general and specialty services, provider specialties, geographic location of providers and enrollees, and the number of providers who are not currently accepting new Medicaid and/or Medicare patients
- Following up on verbal network participation agreements to ensure timely completion of all application and credentialing requirements
- Tracking the number and type of providers contacted versus successfully recruited to determine the effectiveness of our recruitment efforts
- Trending network termination activities to understand any systemic issues that need to be addressed in collaboration with the provider community
- Generating reports that overlay this data with operations and utilization data to ascertain where any geographic or specialty gaps may exist in our networks. In the event gaps are identified, recruitment objectives are set, and recruitment efforts are initiated to fill them

When a network gap is revealed, the team puts together a three-step rapid recruitment plan:

- **Step 1–Set Objectives:** The network gaps revealed by our monitoring activities set the foundation for the development of recruitment objectives. For example, if appointment wait time data shows there are gaps in a specific region of the State, we do the analysis to identify how many providers are needed to reduce the appointment wait times to acceptable levels.
- **Step 2–Outreach:** The outreach plan is made up of three parts: the outreach list, recruitment materials, and a ground game. We can leverage as many as 8 network recruiters to assist with the ground game. The Provider Services team flexes the number of recruiters based on the scope of the recruitment objectives and the timeline for getting the work done.
- **Step 3–Network Application:** After a provider and practice has agreed to join our network, we proceed with the network application, made up of contracting and credentialing paperwork.

We will also implement a “mystery shopper” approach so we can ascertain specific wait times to continue to meet or beat performance expectations. Mystery shopping provides Florida with an objective snapshot of the customer experience.

Improving the Experience of Care

In Florida, where utilization and participation in Medicaid is ready for enhancement, it is crucial for Avēsis to focus on improving the experience of care for both patients and dentists. Scientific studies have demonstrated that enhancing the accessibility and quality of dental services can significantly increase utilization rates and improve oral health outcomes.

One effective approach to improve the patient experience and encourage higher utilization rates in Florida is by implementing innovative care delivery models like programs we are proposing for value-based care and to address the needs of persons with disabilities. A study by Gilbert et al. (2018) showed that the utilization of preventive dental services significantly increased when dental benefits administrators adopted a case management model, which involved proactive outreach, alternative payment, education, and coordination of care for patients. By employing case managers or care coordinators we can help patients navigate the complexities of the Medicaid system, connect them with appropriate dental providers, and provide personalized support; Avēsis can enhance the patient experience and increase utilization rates.

Engaging dentists and incentivizing their participation in the Medicaid program is crucial for improving the overall experience of care in Florida. A study by Decker et al. (2018) emphasized the importance of provider payment rates and reimbursement policies in influencing dentist participation in Medicaid. Avēsis will work closely with Medicaid agencies, communities, providers, and organized dentistry to ensure reimbursement and incentive opportunities, reflecting the true cost of providing quality dental care. We can offer unique incentives for achieving prevention measures and addressing social determinants of health. Additionally, offering dentists opportunities for continuing education, training, and support in navigating the Medicaid system can help foster their participation and enhance the quality of care provided to Medicaid patients, ultimately improving the patient experience.

Capturing feedback from Medicaid members is of paramount to enhance the patient experience and align their services with the needs and preferences of members and their families. Research has consistently shown that patient satisfaction plays a crucial role in healthcare outcomes and utilization rates. A study by Jha et al. (2020) found that higher patient satisfaction was associated with better adherence to treatment plans and improved health outcomes. By actively seeking feedback from Medicaid members, Avēsis can gain valuable insights into the strengths and weaknesses of their dental programs, identify areas for improvement, and enhance the overall satisfaction of their members.

To effectively capture member satisfaction and obtain direction from Medicaid members and their families, we employ various best practices. One effective method is the use of regional town hall-like forums to smaller, more intimate focus groups, where members and their families can openly share their experiences, concerns, and suggestions regarding dental services. These forums provide a platform for direct engagement and dialogue, enabling administrators to gain first-hand insights into the challenges faced by members and identify opportunities for improvement. Additionally, expert surveys can be conducted to gather feedback from individuals with specialized

knowledge in dental care, public health, or Medicaid policy. These surveys can provide valuable input on policy recommendations, service enhancements, and strategies to improve the patient experience. By combining these methods with other feedback mechanisms such as member satisfaction surveys, focus groups, and online platforms for feedback submission, Avēsis can ensure a comprehensive approach to capturing member satisfaction and incorporating their input into decision-making processes.

Empowering patients with salivary diagnostic screening, connected toothbrushes, and patient portals can positively impact their engagement in dental care and ability to co-design their own prevention and treatment. Studies have shown that involving patients as active members of the care team improves oral health outcomes. Patient access to oral health records and engagement in care leads to better oral hygiene practices, treatment adherence, and reduced disease progression (Divaris et al., 2017). Connected toothbrushes provide real-time feedback, resulting in reduced plaque and gingival inflammation (Hong et al., 2019). Patient portals, integrated with salivary diagnostics and connected toothbrush data, offer convenient access to personal health information, appointment scheduling, and provider communication, positively influencing engagement and satisfaction (Hefner et al., 2019). These technologies and strategies empower patients to participate in their oral health management, promoting personalized care, improved outcomes, and collaboration with oral health providers.

Quality Improvement and Assurance

Our Quality Management program is designed to ensure that the State of Florida offers the highest quality dental care to all members with an emphasis on dental disease prevention and the provision of exceptional customer service. The program is based on NCQA guidelines for Managed Care Organizations. In addition, standards developed specifically for the practice of dentistry, such as the American Dental Association (ADA), “Dental Practice Parameters” and “Guidelines for the Assessment of Clinical Quality and Professional Performance” are an integral part of the program.

Our Quality Management program is designed to assess, evaluate, monitor, and drive the appropriate corrective actions to continuously improve operational processes and delivery of dental care. Necessary resources are available for implementing effective quality management activities, including the provision of adequate and experienced personnel, data resources and reference materials.

Quarterly Quality Management Committee meetings are conducted to review operational processes and service levels as well as review quality initiatives to make recommendations for improvement. In addition, we closely monitor any changes in laws, regulations, administrative policies, and systems-level strategies that offer the potential to reduce oral diseases.

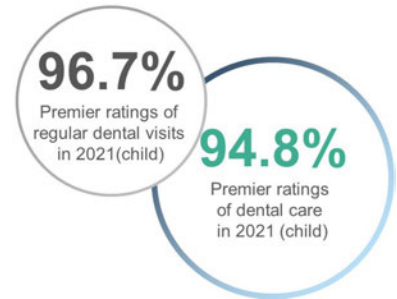
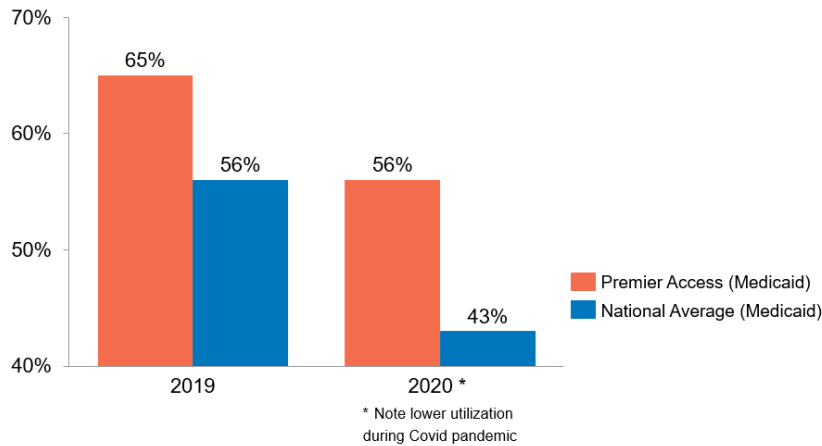
Our Clinical and Quality Teams integrate with Utilization Management and Claims to ensure a robust and informative Utilization Management Program. In addition, our Quality Measurement Team works with Business Intelligence and Analytics to continuously monitor utilization management trends across categories of service, with a lens on disparities, provider performance, and member grievances.

Success Rate

As a recent example of our success implementing a strategy that measures annual dental visit participation rate, Avēsis’ work in the State of Utah is consistently stronger than national averages. We have increased our outreach

through effective partnerships with community leaders, increasing mobile dental visits, and securing rural community health centers and rural health clinics as part of our provider network. We are 100% compliant with time and distance standards in every county of the State.

Percent of Members Completing an Annual Dental Visit (ages 2- 20 years)



Graphic 1: Annual dental visit comparison across dental managed care organizations in Utah.

We strive to provide ongoing outreach not only to members, but also to providers to promote preventive care at every opportunity. For members, we can perform direct mailings, texting, or birthday greeting campaigns to remind members about scheduling preventive services. For providers, we have had success with reaching out to providers showing how their performance compares to the overall state average. We have also worked hard to develop our network to meet required time and distance standards. Additionally, we screen providers who can service members with disabilities. We believe providing a combination of outreach, access, and education helps drive member engagement.

Our Clinical Management teams are always looking for ways to equitably achieve the Quadruple Aim in our programs, efficiently improving member health without compromising member or provider satisfaction.

One example of how we do this is found in the Commonwealth of Pennsylvania. In 2019, we made several adjustments to the Pennsylvania Medicaid plan designs intended to reduce children’s exposure to radiation through dental radiographs. These changes were made after a thorough analysis was performed by our clinical management team using the current published frequency guidelines as set forth by the American Dental Association (ADA), the American Association of Pediatric Dentists (AAPD), and the Food and Drug Administration (FDA). Our team also received input from five different dental schools as to the up-to-date frequencies being taught. Since radiation exposure is cumulative, we wanted to ensure that only necessary exposures were being performed.

[REDACTED]

[REDACTED]

[REDACTED]

The Mouth as the Gateway to Whole-Body Health

With a deep understanding of medical dental integration and the merging of previously fragmented healthcare teams, the importance of addressing the mouth as a gateway to whole body health and systemic well-being cannot be understated. The integration of medicine and dentistry holds immense potential in transforming healthcare outcomes and promoting comprehensive patient care. This response emphasizes the significance of bridging the gap between dental and medical disciplines, promoting collaboration, and advocating for the interoperability of electronic health records (EHRs) to facilitate seamless information exchange and foster a holistic approach to healthcare delivery. We aim to highlight the critical need for collaborative efforts between dental and medical professionals, emphasizing the interdependence of oral health and overall well-being to enhance patient outcomes and improve population health and personalized care in the state of Florida.

Closing Care Gaps

Closing care gaps and achieving dental home status for members are critical objectives for benefits administrators and health plans seeking to integrate oral health with systemic care. By adopting effective strategies rooted in medical dental integration, administrators can enhance overall health outcomes and promote comprehensive patient care. We emphasize the importance of collaboration between dental and medical providers to achieve these goals.

One key approach to closing care gaps and achieving dental home status is through enhanced collaboration and communication between dental and medical providers. We work with our partners and providers to establishing formal referral systems and care coordination protocols that allow for seamless information sharing and collaboration between healthcare professionals. By promoting interdisciplinary collaboration, we ensure that oral health is considered an integral part of overall healthcare, particularly for individuals with systemic diseases. This approach facilitates the identification and management of oral health conditions that can impact systemic health, such as periodontal disease's association with diabetes and cardiovascular disease.

In addition to collaborative efforts, we leverage technological advancements to improve medical dental integration and facilitate comprehensive care. We work with our partners and care sites to improve the utilizing of electronic claim submission and utilizing electronic health records (EHRs) that support interoperability between dental and medical systems. Seamless integration of oral health data into the overall medical record allows for a comprehensive understanding of a patient's health status and facilitates timely interventions. By implementing interoperable EHR systems and encouraging dental providers to participate in health information exchanges, administrators can bridge the gap between dental and medical care, leading to better patient outcomes and continuity of care.

To achieve dental home status for members, we prioritize the establishment of a patient-centered approach that focuses on continuity and personalized care. Avēsis understands the significance of promoting regular dental visits and preventive care to maintain oral health and address potential issues before they become severe. Administrators can support dental homes by encouraging the assignment of a primary dental provider who coordinates the patient's oral health needs, promotes comprehensive treatment planning, and ensures regular follow-ups. By fostering a dental home environment, administrators can enhance patient engagement, enable better care coordination, and ultimately improve oral and systemic health outcomes for their members.

Integrating Oral and Eye Care

Oral health is linked to overall health. Dental complications have been associated with several high-cost chronic conditions, particularly diabetes, cardiovascular disease, some intellectual and physical disabilities, as well as behavioral health conditions requiring long-term medication. In our experience, clients typically turn to us for help with increasing utilization of the plan's preventive dental benefits to reduce overall medical costs. People with diabetes are at higher risk of expensive medical complications, including periodontal disease and retinopathy. Avēsis' O2C2 program is designed to drive medical cost reduction by expanding access to preventive dental and eye care services for enrollees who are at-risk of or diagnosed with diabetes. Through O2C2, we help prevent the development of these complications through regular screening and preventive dental and eye care treatment for enrollees whose diabetes diagnosis is confirmed. O2C2 outcomes include an increased percentage of enrollees with diabetes who have at least one annual dental exam AND who have their annual Diabetic Retinal Exam (DRE). O2C2 also helps identify members who may have undiagnosed diabetes using the Diabetic Retinal Exam (DRE). It may be combined with our IdDiabetes program, which offers a simple diabetes risk assessment and HbA1c screening as part of the routine dental exam for adults over age 40. Early identification of diabetes can help reduce medical expenditures by as much as \$660 per member per year (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5347922/>).

Integration of Behavioral Health and Oral Health

Avēsis is committed to enhancing the integration of behavioral health with dental care by partnering with the National Council for Mental Wellbeing and implementing their substance use framework. By aligning behavioral health initiatives with dental services, Avēsis aims to address the interconnections between oral health, substance use disorders, and mental well-being. This partnership allows for a comprehensive approach that recognizes the impact of substance use on oral health and the potential role of dental care in supporting individuals with substance use disorders. Through this collaboration, Avēsis seeks to promote a holistic model of care that addresses the oral health needs of individuals with substance use disorders, thereby improving overall well-being and fostering better health outcomes.

Care Coordination Services to Reduce Barriers to Care

After we launch the program, we will collaborate with you to monitor data to assess program utilization and successful engagement with available resources. Successful care coordination results in members using their health care benefits with minimal barriers to access. We can measure the success of our core care coordination services by assessing if members who requested assistance made and successfully completed a dental visit within a specified time period. This will be assessed by cross-referencing utilization data with member requests for care coordination support (i.e., print materials in languages other than English, office interpretation, appointment assistance, and transportation assistance).

In our value-add programs such as Connect-to-Care: Expectant Mothers, Emergency Department (ED) Diversion, and our Connect-to-Care: Foster Children, we also strive to ensure our health plan clients and the other healthcare professionals who serve our members are securely sharing information and care plans to help ensure services are delivered effectively and efficiently. This might include training obstetricians to conduct basic oral assessment as part of the pre-natal exams and referring women with periodontal disease or risk of periodontal disease to a network dentist. For members who repeatedly use the ED for non-emergency dental care, coordination might include sharing information about high ED utilizers so we can conduct outreach to help ensure dental referrals are completed and the

member has a regular source of care moving forward. Or for youth in foster care, it might include collaborating with the youth's team of guardians and other authorized caregivers to ensure the youth has consistent access to their preferred, home-based dental provider, regardless of where their current foster placement is located.

Improve Integration of Services for Children

Primary prevention is key to oral health and overall health. Avēsis is proposing multiple programs to increase the percentage of children who receive sealants on permanent first molar teeth. Every community starts at a different place in their care needs; therefore, we do not take a one-size fits all approach in any of our programming. Our plans emphasize areas where we can integrate with the medical experience, provide education and outreach, and meet members where they are. The table below illustrates our proposed actions and desired outcomes:

Proposed Actions	Desired Outcomes	Medical/ Dental Integration	Education & Outreach	Access to Rural and Underserved
Oral Health awareness campaigns and learning collaboratives with primary care facilities, FQHCs, and community and state partners	Increase the number of primary care providers who provide oral health education, utilize salivary diagnostic screening, use enablement technology for screenings and evaluations, and fluoride/sealant application	✓	✓	✓
Deploy AI enabled tools for virtual school-based screenings to perform oral health assessments and guides to assist in identifying dental needs and indicators for when to refer a patient to a dental and medical home	Early detection of oral health conditions and diseases complicated through chronic disease	✓	✓	✓

Table 2: Proposed Integration Programs

We have several examples of successful ways we have promoted prevention and sealant utilization:

Client A example: In 2016, we launched a value-based program for one of our clients to increase the successful completion of the complete range of preventive dental services available for enrollees ages 5-11. The program offers a quarterly incentive payment that encourages pediatric dentists to bundle preventive services for their eligible patients. [REDACTED]

As part of our current Medicaid contract in one of our leading states, we partner with and directly support a county-wide school-based program. The program brings services to Headstart, pre-k, kindergarten, and first grade classes. In the most recent report from the program team, 26,765 county children were served with Medicaid Dental insurance. Program clients have a higher dental sealant rate than the state average and nearly 60% of program participants were successfully navigated to a dental office resulting in a dental visit.

Client B example: For another client, we work with a large dental service organization to pay quarterly bonuses to dentists who achieve mutually negotiated quality benchmarks aligned with measures of the Dental Quality Alliance and the Centers for Medicare & Medicaid Services (CMS) (e.g., delivery of prophylaxis, administration of fluoride)

treatment or sealants as appropriate, and the ratio of preventive to restorative treatment).

Client C example: We were able to achieve sustainability for the HFS All Kids School-Based Dental Program through the COVID-19 pandemic.

Integrating Data and Community Demographics

Avēsis takes an advanced approach to understanding the distinct care needs of a community that includes data modeling and coordination with our community health networks. To understand the demographics, we overlay a data model to produce community specific insights down to the zip code level. Using heat mapping and data overlays of UDS and HEDIS Measures, public databases (e.g., Bureau of Labor Statistics and Census data), National Health and Nutrition Examination Survey (NHANES), dental network analytics, geographic demographics, and water fluoridization statistics, we are able to provide our partners with a complete view of that community that goes beyond basic demographics; opening a window to social determinants of health that may be unknown or overlooked. With this information we enhance our community health networks to support the current and emerging needs of the community.

Conclusion

We are pleased to submit the attached response to your Request for Information (RFI) as part of our commitment to improving benefit offerings and access for Medicaid members in Florida. Avēsis firmly believes that we are the ideal partner to meet the State's needs for several key reasons.

We have proven methods to build access and utilization of dental services. Our focus is on supporting Health Professional Shortage Areas and provider networks by collaborating with community health workers, professional associations, and local businesses. Through these partnerships, we can deliver superior service to your members and ensure their oral health needs are met.

Our outreach strategies are centered on providing high-quality dental care. We reach members where they are, whether it's within their communities or in the comfort of their homes. By ensuring that the State offers the highest quality dental care to all members, we can effectively engage and serve the diverse Medicaid population.

Avēsis has extensive experience in building networks that care for members holistically. Our established networks follow a coordinated care model with a whole-health focus. We collaborate with national, state, and local partners and coalitions to improve oral health outcomes for individuals with disabilities, veterans, and those in rural communities. By leveraging enablement technology and targeted access to care, we aim to provide comprehensive and accessible dental services.

We have implemented cost reduction initiatives and value-add programs that prioritize improving oral health while reducing costs for all stakeholders. We provide value based alternative payment designs that go beyond the current status quo of pay for performance or incentivizing data or risk reporting. We aim to impact cost, quality of care, and satisfaction with the experience of care.

Our approach is rooted in engaging the entire health ecosystem, encompassing family, social, and environmental factors. We employ evidence-based strategies and utilize the collective impact methodology as the foundation of our health improvement programs. By establishing a common agenda, measuring shared success, engaging in mutually reinforcing activities, maintaining continuous communication, and fostering community support infrastructure, we can effectively assess and monitor oral health status, prevent oral diseases, enhance access to dental services, promote best practices, and recommend evidence-based policies.

Avēsis proposes a range of programs, tools, and initiatives that will make a meaningful impact in improving oral health outcomes for Medicaid members in Florida. Through proactive outreach, collaboration with health stakeholders, and the deployment of innovative technologies, we are committed to achieving the oral health objectives outlined in this Medicaid RFI.

We appreciate the opportunity to provide input during this process. If you have any questions or require further information, please do not hesitate to contact us.

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